



AUTHORIZED TRAINING CENTER

Spectrum Medical Education & International Training Center

REGISTRATION FEES: ₹ 7,500/-

Please note that it is mandatory to provide all the information. Please fill in all fields in CAPITAL LETTERS

Cheque or DD's to be made A/C payee and in the name of 'Spectrum Medical Education'
Kindly mail the registration form along with the cheque/DD to any one below address.

Dr. Amit Chitaliya

Pediatric Intensivist & Bronchoscopist
Room No 20, Ground Floor
CIMS hospital, Nr. Shukan Mall
Off Science City Road, Sola, Ahmedabad-380060.

Dr Manoj Singh

Room no.31,
Apollo Hospitals Int. Ltd.
Bhat GIDC Indu. Estate, Bhat,
Gandhinagar 382428.

Full Name	<input type="text"/>		
Qualification	<input type="text"/>		
Resi. Address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	Pin Code	<input type="text"/>
Phone (STD code)	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Payment Details

₹	<input type="text"/>	₹ in word :	<input type="text"/>		
DD/Cheque No.	<input type="text"/>	Date	<input type="text"/>	Bank :	<input type="text"/>

For NEFT fund transfer
for registration please
note the bank details

Spectrum Medical Education

A/C NO. 200420110000758

IFSC : BKID0002004.

Bank of India, Ellisbridge Branch, Ahmedabad

Signature :

Forms can be downloaded from www.spectrumcriticalcare.com
For further details please write to us spectrummaha@gmail.com